

INTELLECTUAL PROPERTY LAW  
**KNOBBE, MARTENS, OLSON & BEAR**

A LIMITED LIABILITY PARTNERSHIP INCLUDING  
PROFESSIONAL CORPORATIONS

**PATENT, TRADEMARK AND COPYRIGHT CAUSES**

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Assistant Commissioner for Patents  
Washington, D.C. 20231

**CERTIFICATE OF MAILING BY "EXPRESS MAIL"**

**Attorney Docket No. :** MAXIM.078A

**Applicants :** Hellstrand, et al.

**For :** **ACTIVATION AND PROTECTION OF  
CYTOTOXIC LYMPHOCYTES  
USING A REACTIVE OXYGEN  
METABOLITE INHIBITOR**

**Attorney :** James J. Mullen, III, Ph.D.

**"Express Mail"**  
**Mailing Label No. :** EL531000344US

**Date of Deposit :** July 14, 2000

I hereby certify that the accompanying

Transmittal in Duplicate; Specification in 39 pages; one sheet of drawings; Check for  
Filing Fee; Return Prepaid Postcard

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee"  
service under 37 CFR 1.10 on the date indicated above and are addressed to the Assistant Commissioner  
for Patents, Washington, D.C. 20231.

  
John Riedel

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Attorney Docket No. MAXIM.078A

Date: July 14, 2000

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09/616622  
07/14/00

ASSISTANT COMMISSIONER FOR PATENTS

WASHINGTON, D.C. 20231

ATTENTION: BOX PATENT APPLICATION

Sir:

Transmitted herewith for filing is the patent application of

Inventors: **Hellstrand, Kristoffer; Hermodsson, Svante; Gehlsen, Kurt R.**

For: **ACTIVATION AND PROTECTION OF CYTOTOXIC LYMPHOCYTES  
USING A REACTIVE OXYGEN METABOLITE INHIBITOR**

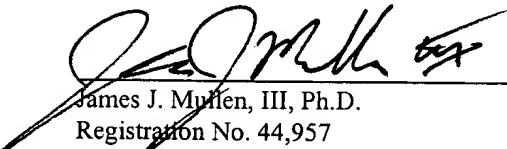
Enclosed are:

- (X) one sheet of drawing.
- (X) Return prepaid postcard.

CLAIMS AS FILED

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
Basic Fee			\$345	\$345.00
Total Claims	34 - 20 =	14 ×	\$9	\$126.00
Independent Claims	2 - 3 =	0 ×	\$39	\$0
If application contains any multiple dependent claims(s), then add			\$130	\$0
			<b>TOTAL FILING FEE</b>	<b>\$471.00</b>

- (X) A check in the amount of \$471.00 to cover the filing fee is enclosed.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required, now or in the future, or credit any overpayment to Account No. 11-1410. A duplicate copy of this sheet is enclosed.
- (X) Please use Customer No. 20,995 for the correspondence address.

  
James J. Mullen, III, Ph.D.  
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